Name In Full

Mrs. Sarah E. Alban

Certificate of Death

Died in Town Grave Run Mills County Balto. MARYLAND

Date 189	Month	Day	Age	Y.	M.	D.	Native of	Occupation
	3	27		32	9	11		

~~Male~~ Female

White ~~Colored~~

Married ~~Single~~

Widow Widower

Divorced

Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary 161

How long sick

Immediate

Accident, Suicide, Homicide

Reported by Enterprise 3-31

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Certificate of Death

John M. Linderson Sr

Died at Town Gorsuch Mills County Balto. MARYLAND

Date 189 9 Month 3-10 Day | Age Y. 62 M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~

Number of children living 6 Four

Husband of
Wife Miss Kirkwood

Father's Name

Mother's Name

Cause of Death — Primary: Paralysis 44 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Md. Journal 8-20

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7555B

Name in Full 204796

H. G. Atkinson

Certificate of Death

Died at Town Pikesville County Balto MARYLAND

Date 1899 Month March Day 8 | Y. 67 M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | Widow Widower | Divorced Number of children living 2

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary Cancer 141 How long sick

Immediate Bronchitis Accident, Suicide, Homicide

Reported by W. P. Elkins

Address Pikesville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full

Certificate of Death

Elizabeth Bassler (Bassler)

Died at Catonsville (Town) Baltimore (County) MARYLAND

Date 189 9 | Month 3 | Day 9 | Age Y. 1 M. 7 D. | Native of | Occupation

~~Male~~ Female | White | ~~Colored~~ | Married | Single | Widow | Widower | Divorced | Number of children living

Husband of Wife

Father's Name Charles F Bassler | Mother's Name Elizabeth M E Langfitt

Cause of Death: Primary Cold 74 | How long sick

Immediate Congestion of Lungs | Accident, Suicide, Homicide

Reported by Chas F Mayfield

Address Catonsville.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66968

Name in Full

Certificate of Death

Bauer Joseph

Town: Roseburg Hazlewood Ave County: Balt^e Co^

Died at ... MARYLAND

Month	Day	Y.	M.	D	Native of	Occupation
March	18	85	9 months		Germany	Farmer

Date 1899

Age

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living

Husband of
Wife

Father's Name —

Mother's Name

Cause of Death: Primary — Senile debility 141 — several years

How long sick

Immediate

~~Accident, Suicide, Homicide~~

Reported by Rev. H L Nageneast

Address St Anthony's Church Jarrettsville Md.

Must be signed by physician, if any in attendance, otherwise by ... undertaker or minister.

LIBRARY BUREAU, 79706

Name In Full Edmund Bell

Certificate of Death

Died at Town Govanstown County Baltimore MARYLAND

Date 189 9 Month 3-24 Day | Age Y. 4 M. 6 D. | Native of | Occupation Schoolboy

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | Divorced ~~Number of children living~~

Husband of

Wife

Father's Name

Mother's Name

Cause of Death: Primary Acute Streptococcus 14 days | How long sick 34 hours

Immediate infection

Accident, Suicide, Homicide

Reported by Geo. A. Hoskins Jr. M.D.

Address Govanstown Md.

Must be signed by physician, if any in attendance, otherwise by coro[illegible]ndertaker or minister.

LIBRARY BUREAU. 79808

Name in Full — Biden

Certificate of Death

Died at Washington Road Town, Balto County, MARYLAND

Date 189	Month	Day	Age Y.	M.	D.	Native of	Occupation
	3	8			1	Md.	—

Male / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — Number of ~~children living~~

~~Husband~~ / Wife of X

Father's Name: James H. Biden

Mother's Name: Elizabeth Biden

Cause of Death — Primary: — 161

Immediate: —

How long sick: one day

Accident, ~~Suicide, Homicide~~

Reported by: J B Hall

Address: Mt Winans

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 650F8

Name in Full — Bond

Certificate of Death

Died at Town: Towson — County: Balto — MARYLAND

Date 1899 Month: 3 Day: 18 | Age Y. 6 M. D. | Native of | Occupation

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name

Mother's Name: Addie Bond

Cause of Death — Primary: From effects of a burn. — How long sick

Immediate — 146 a — Accident, Suicide, Homicide

Reported by: Unwins 8-18

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertakar or minister.

LIBRARY BUREAU, 70004

Name in full No 4766

Susan J. Bowers

Certificate of Death

Died at Town Reisterstown County Baltimore MARYLAND

Date 1899 Month 3 Day 5 | Age Y. 78 M. 4 D. | Native of Maryland | Occupation ~~Occupation~~

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~ Number of children living

Husband of Thomas Bowers

~~Wife~~

Father's Name

Mother's Name

Cause of Death: Primary — Pulmonary Tuberculosis — How long sick 5 months

Immediate — 220 — Accident, Suicide, Homicide

Reported by Dr. H. M. Slade

Address Reisterstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full

Certificate of Death

Laura Bowley

Died at Town: Stapleford Green Road Hospital County: Baltimore MARYLAND

Date 189 9 Month: 3-10 Day: 4th Age: Y. 44 M. D. Native of: Va. Occupation: Druggist

Male / ~~Female~~ White / ~~Colored~~ Married / ~~Single~~ Widow / Widower Divorced / Number of children living

Husband of
Wife

Father's Name

Mother's Name 46

Cause of Death — Primary: Organic brain disease — How long sick 4 yrs.

Immediate: Coma, apoplexy — Accident, Suicide, Homicide

Reported by Dr. Edward N. Brush

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70998

Name in Full

Certificate of Death

George Brecht –

Town: Canton – County: Balto. – Died at: Canton – Balto. – MARYLAND

Date 1899: Month Mar. Day 2 | Age Y. 33 M. D. | Native of U.S. | Occupation Carpenter

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / Single | Widow / Widower | Divorced | Number of children living

Husband / Wife of

Father's Name George Brecht. – Mother's Name Amelia Brecht.

Cause of Death: Primary Typhoid Fever 1 | How long sick 4 weeks

Immediate Perforation.

Accident, Suicide, Homicide

Reported by Chas Ethey M.D.

Address 2. Hudson at & X.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 55068.

Name in Full Frances Emma Brent — Certificate of Death

~~Town~~ Fireeland — County Baltimore — MARYLAND

Died at

Date 189 9 — Month March — Day 23 — Age Y. 5-0 M. 8 D. 7 — Native of Dover — Occupation Housewife

~~Male~~ Female — White ~~Colored~~ — Married ~~Single~~ ~~Widow, Widower~~ ~~Divorced~~ — Number of children living 1

~~Husband~~ Wife of William Brent

Father's Name John Hauptman — Mother's Name Eunice

Cause of Death: Primary Pneumonia 72 — How long sick Ten days

Immediate Collapse of Lung Disease — ~~Accident, Suicide, Homicide~~

Reported by Joseph S Baldwin M. D.

Address Eskw. Baltimore County

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 78706

Name In Full George C. Brent

Certificate of Death

Died at Town Hyattsville County Prince Georges MARYLAND

Date 189 9 Month 3 Day 24th | Age Y. 72 M. D. | Native of D.C | Occupation None

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death: Primary Dementia 46 — How long sick

Immediate Senile Exhaustion — Accident, Suicide, Homicide

Reported by Dr. Charles G. Hill

Address Hyattsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79518

Name In Full Miss Elizabeth Brown

Certificate of Death

Died at Town Shawan St. Hosp. County Baltimore MARYLAND

Date 189 9 Month 3 Day 31 | Age Y. 21 M. D. | Native of | Occupation

~~Male~~ / Female | White / ~~Colored~~ | ~~Married~~ / Single | ~~Widow~~ / Widower | Divorced / ~~Number of children living~~

Husband of
Wife

Father's Name Tom Brown

Mother's Name

Cause of Death — Primary: Pulmonary complaint — How long sick

Immediate: 77 — Accident, Suicide, Homicide

Reported by Asst. Journal 3-11

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70[illegible]B

Name In Full

Certificate of Death

william H Brown

Died at Town Reisterstown County Balto MARYLAND

Date 189 4 Month Mar Day 2 | Age Y. 7 M. D. | Native of Maryland | Occupation

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ ~~Single~~ | ~~Widow~~ ~~Widower~~ | Divorced | Number of children living

Husband of
Wife

Father's Name X

Mother's Name Jane Brown

Cause of Death — Primary Brights 9 — How long sick

Immediate [illegible] — Accident, Suicide, Homicide

Reported by L Rinehart

Address Glyndon Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 73808

Attended by Dr. _____

of _____

Information contained in this certificate received from _____

of _____

Name In Full

Certificate of Death

Mary Ellen Budd

Died at Town: Bay View County: Baltimore MARYLAND

Date 189 Month: 3 Day: 4 | Age Y. 35 M. D. | Native of Balto | Occupation Laundress

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number of children living

Husband of
Wife

Father's Name

Mother's Name 22a

Cause of Death — Primary: Phthisis Pulmonalis | How long sick

Immediate: Exhaustion | Accident, Suicide, Homicide

Reported by D. Lee Corkran

Address Bay View, Bay Line

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 7980B

Name In Full

Certificate of Death

Mary E. Burgoyne

Died at Town: Towson County: Baltimore County MARYLAND

Date 1899 Month: March Day: 14th | Age Y. 36 M. D. | Native of Maryland | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~

Number of children living Five

~~Husband~~ Wife of James L Burgoyne

Father's Name

Mother's Name

Cause of Death: Primary — Albuminuria 12 1

Immediate — Puerperal Eclampsia

How long sick several days

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by D. J. G. Jarrett M. D.

Address Towson Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79

Name In Full Mrs. Mary Elizabeth Burgoyne

Certificate of Death

Town County Baltimore MARYLAND

Died at

Date 189 9 Month 3 Day 1st Age Y. M. D.

Native of Occupation

~~Male~~ Female

White ~~Colored~~

Married ~~Single~~

~~Widow~~ ~~Widower~~

~~Divorced~~

Number of children living 2

~~Husband~~ Wife of Capt. James L. Burgoyne

Father's Name John W. Chapman

Mother's Name

Cause of Death: Primary

How long sick 100

Immediate Kidney trouble

Accident, Suicide, Homicide

Reported by Md Journal 3-4 Th 99.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

John Slade, Log Cross
Conductor
Jas. D. Jarrett, Town, first called
" L. D. Jarrett "
" J. B. Hart, Waverly

Name In Full Mrs. Lillian Clarke

Certificate of Death

Died at Baltimore (Town) (County) MARYLAND

Date 189 Month 3 Day 4 | Age Y. 76 M. D. | Native of Maryland Occupation None

~~Male~~ / Female | White / ~~Colored~~ | Married / ~~Single~~ | Widow / ~~Widower~~ | ~~Divorced~~

Number of children living

~~Husband~~ / Wife of Wm. Clark

Father's Name Col. Gassaway Watkins Mother's Name

Cause of Death: Primary Old age 141 How long sick about 3 weeks

Immediate Bronchitis. Exhaustion

Accident, Suicide, Homicide

Reported by Dr. P. E. Hyser

Address Pikesville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70995

Name In Full

Certificate of Death

Sarah Ellen Clark

Town

Died at Mt. Washington

County

Baltimore

MARYLAND

Date 189 9 — Month 3 — Day 23 — Age Y. 79 M. D. — Native of Md. — Occupation None

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / ~~Single~~ / Widow / ~~Widower~~ — ~~Divorced~~ — Number of children living

Husband of
Wife

Father's Name Thos. J. Clark

Mother's Name

141

Cause of Death — Primary: Old age — How long sick: 1 year

Immediate: Calcification of Heart — Accident, Suicide, Homicide

Reported by S. Annie Shanks

Address Mt. Washington

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7

Name In Full

Certificate of Death

Anathyne Legats

Town

Died at Ind. Genl Hosp

County

Baltimore

MARYLAND

Month Day

Date 1899 3 23

Y. M. D.

Age 68.

Native of

Occupation

Farmer

Male ~~White~~ Married ~~Widow~~ Divorced

~~Female~~ Colored Single ~~Widower~~ Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death: Primary — Pneumonia — 72 — How long sick 23 days

Immediate — Exhaustion — OVER — Accident, Suicide, Homicide

Reported by Julius Easton

Address Ellicott City

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from E. L. Whitney

of Ind. Genl. Hosp.

Name In Full — Certificate of Death

Samuel Homer Clayton

Died at — Town: Orange Grove — County: Baltimore — MARYLAND

Date 189 9 — Month: 3-14 — Day: — Age: Y. 1 M. 10 D. — Native of — Occupation

Male / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / Widower — ~~Divorced~~ — ~~Number of children living~~

Husband of
Wife

Father's Name — Mother's Name 72

Cause of Death — Primary: Pneumonia complicated — How long sick

Immediate: by measles — Accident, Suicide, Homicide

Reported by S. A. Williams

Address Orange Grove Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808

Name in Full — Certificate of Death

Patrick J. Creaghan

Died at "Lyndhurst" Town, Edmondson County, Baltimore MARYLAND

Date 189 — Month 3 — Day 19 — Age Y. 52 M. D. — Native of Austintown — Occupation Farmer

Male — ~~Female~~ — White — ~~Colored~~ — Married — ~~Single~~ — ~~Widow~~ — ~~Widower~~ — ~~Divorced~~ — Number of children living 9

Husband of ~~Wife~~ Mrs. Margaret Creaghan

Father's Name — Mother's Name

Cause of Death — Primary: Exposure Feb. 9 to — How long sick

Immediate: Blood poison 147 P — Accident, Suicide, Homicide

Reported by Dem. Tyson

Address [redacted] 3-25-

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70885

Rev. Hugh Barr C.P. of St. Louis
Passionist Monastery,

Name in Full 2W4823 Wm A Davis — Certificate of Death

Died at Town Pikesville County Balto — MARYLAND

Date 1899 Month 3 Day 20 — Age Y. 77 M. mos D. — Native of Md — Occupation

~~Male~~ Female — White ~~Colored~~ — ~~Married~~ Single — ~~Widow~~ ~~Widower~~ — Divorced — Number of children living

Husband of —
Wife

Father's Name —

Mother's Name 46

Cause of Death — Primary: Senile Mania — How long sick

Immediate: Exhaustion — Accident, Suicide, Homicide

Reported by W F & M Pike

Address Pikesville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 68968

Name In Full

Certificate of Death

Town

County

Died at Linwood in Granston Bulb MARYLAND

Date 189	Month	Day	Age Y.	M.	D.	Native of	Occupation
	3	11	32			Md.	Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | Divorced Number of children living 7

Husband of
Wife

Father's Name

Mother's Name 5-5

Cause of Death: Primary — Rheumatic Endocarditis — How long sick

Cause of Death: Immediate — Embolism — Accident, Suicide, Homicide

Reported by T. Prunell H. Lufkin M.D.

Address Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full — Certificate of Death

Martha Duvall

Died at Town: Catonsville County: Baltimore MARYLAND

Date 189 Month: March Day: 7 | Age Y.: 71 M. D. | Native of: Md | Occupation: None

~~Male~~ / Female | White / ~~Colored~~ | ~~Married~~ / Single | ~~Widow~~ / Widower | ~~Divorced~~ | Number of children living

Husband / Wife of: X

Father's Name: X

Mother's Name: X 46

Cause of Death — Primary: Senile Dementia — How long sick: 2 weeks

Immediate: Exhaustion — Accident, Suicide, Homicide

Reported by: Percy Wade

Address: Mt Hope [redacted] Catonsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full

Certificate of Death

Gertrude Edwards

Died at Town Church Hill County Baltimore. MARYLAND

Date 189 Month March Day 5th | Age Y. 40 M. D. | Native of | Occupation

Male / Female — White / Colored — Married / Single — Widow / Widower — Divorced — Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death — Primary: Gastritis 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by

Address Chesapeake City, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name In Full — Certificate of Death

Jennie E. Ensor

Died at Town — Parkton — County — Balto. — MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
3	27					

Date 189 9

Age 40

~~Male~~ / Female

White / ~~Colored~~

Married / ~~Single~~

Widow / Widower

Divorced

Number of children living

~~Husband~~ / Wife of Henry E. Ensor

Father's Name

Mother's Name

Cause of Death — Primary — 161 — How long sick

Immediate

Accident, Suicide, Homicide

Reported by Balto. Co. Union 5-1

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7

Name in Full

Certificate of Death

Peter Starley

Town

Died at Sparrow's Point County Baltimore MARYLAND

Date 189	Month	Day	Age Y.	M.	D.	Native of	Occupation
	3	9					

Male / ~~Female~~ White / Colored Married Single Widow Widower Divorced Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death — Primary: Acute alcoholism — How long sick

Death — Immediate: 34 — Accident, Suicide, Homicide

Reported by L. M. Jones

Address Justice of Peace

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70888

Name In Full

Edward Flayhart.

Certificate of Death

Died at Town: Towson County: Balto MARYLAND

Date 1899 Month: 3 Day: 7 | Age Y. 78 M. 9 D. 13 | Native of Balto | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower ~~Divorced~~ | Number of children living 2

~~Husband~~ Wife ~~of~~ Deceased

Father's Name: John Flayhart | Mother's Name: Mary Flayhart

Cause of Death — Primary: La Grippe. 9 | How long sick: 6 weeks

Immediate: Heart failure | Accident, Suicide, Homicide

Reported by: John Burns + Sons

Address: Towson Balto Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79809

Attended by Dr. W. J. G. Garrett

of Towson, Baltimore Co. Md.

Seen by Coroner

of

Information contained in this certificate re-

ceived from

of

Name In Full — Certificate of Death

Annie I Fligh

Died at Town: Owings Mills County: Baltimore MARYLAND

Date 189 9 Month: Dec 11 Day | Age Y. 31 M. D. | Native of: Maryland | Occupation: Miller

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ | ~~Number of children living~~

Husband of
Wife

Father's Name: August Fligh | Mother's Name: Hanna Fligh

Cause of Death — Primary: 39 b

Immediate: Cerebro-Spinal Meningitis | How long sick: 12 days

Accident, Suicide, Homicide

Reported by: H. M. Slade

Address: Reisterstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70048

Attended by Dr._____

of_____

Information contained in this certificate re-

ceived from_____

of_____

Name in Full

Certificate of Death

John Edward Ford.

Died at Town: Govenstown County: Balto C'o MARYLAND

Date 1899 Month: March Day: 20 | Age Y.: 96. M.: 0. D.: 0. | Native of: Maryland | Occupation: Laborer.

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 9

Husband / Wife of Mary E Ford

Father's Name Stephen Ford | Mother's Name Malid Short

Cause of Death — Primary: Cerebral Hemorrhage. | How long sick: Two weeks

Immediate: 42

~~Accident, Suicide, Homicide~~

Reported by Geo V Hocking M D, OVER

Address Govans, Balto

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Attended by Dr. H. Hoehing M
of Fort Riley

Information contained in this certificate received from Mrs Dickinson
of Ogden Minnesota Mo

Name In Full Louis G. Gallagher — Certificate of Death

Died at Town Mt. Royal Station County Baltimore MARYLAND

Date 189 Month April Day 21 | Age Y. 38 M. D. | Native of Ireland | Occupation Engineer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | Divorced | Number of children living

Husband of
Wife

Father's Name | Mother's Name 46

Cause of Death — Primary Pneumonia — How long sick

Immediate Ex. Tuberculosis Pulmonalis — Accident, Suicide, Homicide

Reported by St. Frank Clayman

Address [redacted] Mt. Royal Station

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name In Full

Certificate of Death

Mrs. Ferdinand Adam Gibson

Died at Town: Randallstown County: Baltimore MARYLAND

Date 189 Month: Dec Day: 3

Age Y. 74 M. D.

Native of

Occupation

~~Male~~ Female

White ~~Colored~~

Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 2

~~Husband~~ Wife of Ferdinand Adam Gibson

Father's Name Augustus Welsh

Mother's Name 72

Cause of Death — Primary: Pneumonia, Contracted

How long sick

Immediate: An Exhaustion

Accident, Suicide, Homicide

Reported by Dr. F. Steinwand

Address Randallstown, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70888

Name In Full Jane Linnamon — Certificate of Death

Died at Town Relay, County Balto, MARYLAND

Date 189 9. Month Mar Day 6 | Age Y. 70 M. yrs D. | Native of Md. | Occupation Housedutieo

~~Male~~ Female | ~~White~~ Coloured | Married ~~Single~~ Widow ~~Widower~~ ~~Divorced~~ | Number of children living 2

~~Husband of~~ Wife of the late G. W. Smith deceased

Father's Name Patrick Linnamon | Mother's Name Mary Robertson OVER

Cause of Death: Primary Cancer of Stomach — How long sick 5 weeks

Immediate Trouble 25 h — Accident, Suicide, Homicide

Reported by Stephen Hollsinger

Address Undertaker Ellicots City OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7[illegible]

Attended by Dr. J. M. B. Rogers
of Ellicott City 4-26

Seen by Coroner .....
of .....

Information contained in this certificate received from John Smith
of Bella Md.

Name In Full

Goodman

Certificate of Death

Still Born

Died at Town: Alberton County: Baltimore MARYLAND

Date 1894 Month: Mch Day: 13 | Age Y. M. D. | Native of Md | Occupation

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single ~~Widowed~~ ~~Widower~~ | ~~Divorced~~ Number of children living

Husband of

Wife

Father's Name Perry Franklin Goodman

Mother's Name Lorrie May Myers

Cause of Death: Primary Compression of Cord Still Born

Immediate Intra uterine Asphyxia

How long sick

Accident, ~~Suicide Homicide~~

Reported by Stephen Hillsinger

Address Undertaker Ellicott City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

Certified by Dr. Wm B. Gambrill
of Alberton Md, 4-26

Certified by Coroner _____
of _____

Information contained in this certificate received from James Myers
of Alberton Md

Name in Full

Certificate of Death

Walter Clayton Hampshire

Town

Died at Beckleysville County Baltimore MARYLAND

Month	Day		Y.	M.	D.	Native of	Occupation
Date 1899 3	26	Age	1.	1	3	maryland	

Male White ~~Married~~ ~~Widow~~ Divorced

~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living

~~Husband~~ of ~~Wife~~

Father's Name John Hampshire Mother's Name Ella Hampshire

Cause of Death: Primary Pneumonia 72 How long sick 6 weeks

Immediate Second attack super induced by measles which due to exposure

Accident, Suicide, Homicide

Reported by J. B. Harris M.D.

Address Beckleysville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 78706

Name in Full

Certificate of Death

Franklin Flare

Died at Town: Beltsville County: Prince Georges MARYLAND

Date 189 Month: 3 Day: 2 | Age Y.: 34 M.: D.: | Native of: Maryland | Occupation: Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | Divorced | Number of children living: 3

Husband of Wife

Father's Name: John P. Flare | Mother's Name: don't know

How long sick

Cause of Death: Primary 1142a

and Immediate overdose Laudanum ~~Accident~~, Suicide, ~~Homicide~~

Reported by J. B. Norris M.D.

Address Beltsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79700

Name in Full

Certificate of Death

Leonard Harris

Town

Died ~~at~~ near Bentley

County

Baltimore

MARYLAND

Date 1899	Month	Day	Age Y.	M.	D.	Native of	Occupation
	3	22	41	2	18	Maryland	Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~

Number of children living 3

Husband ~~Wife~~ of Mary F Standiford

Father's Name James L Harris

Mother's Name Miranda Harris

Cause of Death — Primary: Exposure to wet and cold — How long sick: 6 Mos

Immediate: Phthisis Pulmonalis — ~~Accident, Suicide, Homicide~~

Reported by Daniel V. Moyer MD 22a

Address Maryland Line Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Certificate of Death

Saml E Hartley

Died at Ellicott City (Town) Baltimore (County) MARYLAND

Date 1899 Month 3 Day 9 Age Y. 80 M. D. Native of Md Occupation Farmer

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ Divorced ~~Number of children living~~

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary Diabetes 28

Immediate Acute failure

How long sick 3 days

~~Accident, Suicide, Homicide~~

Reported by Dr J B Owings

Address Ellicott City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65965

Name In Full

John Hayden

Certificate of Death

Died at Town: Dawson County: Bute MARYLAND

Date 189	Month	Day	Age Y.	M.	D.	Native of	Occupation
9	3	21				Ireland	Watchman

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow X Widower | Divorced | Number of children living 4

Husband / Wife of Ellen Hayden

Father's Name Thomas Hayden

Mother's Name Ellen Hayden

Cause of Death — Primary: Bright's Disease — How long sick: 10 Days

Immediate: Uraimic Coma — ~~Accident, Suicide, Homicide~~

Reported by R. Lo. Mascenburg M D

Address Dawson Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70[illegible]

Name in Full

Certificate of Death

Elizabeth Hanton

Town: Towson | County: Baltimore | MARYLAND

Died at

Date 1899 Month: March Day: 19th | Age Y. 40 M. D. years | Native of Maryland | Occupation Cook

~~Male~~ Female | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living Three

~~Husband~~ Wife of Gaddes Hanton

Father's Name

Mother's Name

Cause of Death: Primary La Grippe 9 | Immediate Pneumonia

How long sick Three Months

~~Accident. Suicide. Homicide~~

OVER

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Seen by Coroner _____

of _____

Attended by Dr. W. C. Jarrett

of Towson Baltimore Md

Information contained in this certificate received from Ben Hicks

of Towson Md

Name In Full — Certificate of Death

Frank L Kinsey

Died at Town: Arlington County: Baltimore MARYLAND

Date 189 9 Month: 03 Day: 15 | Age Y: 64 M: D: | Native of | Occupation

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 3

~~Wife~~ Husband of Miss Buck

Father's Name

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Union 3-78

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70-68

Name in Full Mrs. Louisa C. Hook — Certificate of Death

Died at Arlington — County Baltimore — MARYLAND

Date 189 9 — Month 3 — Day 16 — Age Y. M. D. — Native of — Occupation

~~Male~~ Female — White — ~~Coloured~~ — Married — ~~Single~~ — Widow — Widower — Divorced — Number of children living

~~Husband~~ of Wife Theo. A. Hook

Father's Name — Mother's Name

Cause of Death — Primary — 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Md. Journal 3-18

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78658

John C. Cook, F. D

Name In Full Ann Mifflin Johnson — Certificate of Death

Died at Town Parkland County Baltimore MARYLAND

Date 189 9 Month 3 Day 1st | Age Y. M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow ~~Widower~~ ~~Divorced~~ | Number of children living 13

~~Husband~~ Wife of Col. Jon Gill Johnson

Father's Name Abraham Parker | Mother's Name

Cause of Death: Primary Old age | How long sick 141

Immediate | Accident, Suicide, Homicide

Reported by Ind. Journal 3-4th

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name in Full

Certificate of Death

Francis Reins

Died at Town Port Deposit County Baltimore MARYLAND

Date 189 9 Month 3 Day 4th Y. M. D. Age about 20 yrs. Native of Occupation

Male / ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow / ~~Widower~~ ~~Divorced~~

Number of children living

Husband of
Wife

Father's Name

Mother's Name Ut 6

Cause of Death: Primary Pneumonia

How long sick

Immediate Lung trouble (Typhoid)

Accident, Suicide, Homicide

Reported by J. J. Flannery

Address Port Deposit Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name In Full

Certificate of Death

Wm H. Kinney

Died at Town Sparrow Point County Balto MARYLAND

Date 189 Month 8 Day 28 | Age Y. 7 M. D. | Native of | Occupation

~~Male~~ / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / Single | ~~Widow~~ / Widower | ~~Divorced~~ / ~~Number of children living~~

Husband of
Wife

Father's Name

Mother's Name

Cause of Death — Primary: drown 148 — How long sick

Immediate — Accident, ~~Suicide, Homicide~~

Reported by Md Journal 9-1

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7929R

Name in Full

John Krouse

Certificate of Death

Died at Washington Road (Town) Balto (County) MARYLAND

Date 1899 Month 3 Day 24 | Age Y. 46 M. D. | Native of Md. | Occupation Laborer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ Widow Widower Divorced

Number of children living one

Husband ~~or~~
Wife

Father's Name George Krouse

Mother's Name Elizabeth Krouse

Cause of Death: Primary Fall -

Immediate Shock

How long sick ~~Hours~~ 1526

Accident, ~~Suicide~~ Homicide

Reported by W B Hall

Address Mt Winans

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 650M

Name In Full

Frank E. Leslie

Certificate of Death

Town

County

Died at Bon Secours Baltimore MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 189 4	3 - 23	Age 1	—	12	Balto Co	

Male / ~~Female~~

White / ~~Colored~~

~~Married~~ / Single

~~Widow~~ / ~~Widower~~

Divorced / ~~Number of children living~~

Husband of

Wife

Fether's Name

Mother's Name 71

Cause of Death — Primary: Catarrhal Bronchitis 2 weeks

Cause of Death — immediate: Asphyxia

How long sick

Accident, Suicide, Homicide

Reported by Dr. Ellis C. Carey

Address 730 Columbia Ave

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70888

Name in Full — Certificate of Death

John Valentine Howard Lutz

Died at Town: Gardenville County: Baltimore Co. MARYLAND

Date 189 Month: March Day: 16 | Age Y. 1 M. — D. — | Nativity of America | Occupation None

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband / Wife of —

Father's Name Thomas Lutz | Mother's Name Maggie Lutz

Cause of Death — Primary: Pneumonia 72 | How long sick 3 days

Immediate: 1 31

~~Accident, Suicide, Homicide~~

Reported by Rev. D. Coover Md

Address Gardenville Baltimore Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name In Full Charles J. McAleer

Certificate of Death

Town Co. Poor House & Asylum County Baltimore MARYLAND

Died at

Date 189 4 Month 3 Day 18 Age Y. 50 M. D.

Native of Md. Occupation Lab. Operator

Male / ~~Female~~ White / ~~Colored~~ Married / ~~Single~~ Widow / Widower Divorced

Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary Pneumonia — How long sick 1 day

Immediate Pneumonia — Accident, Suicide, Homicide

Reported by Dr Frank J. Talamon

Address Co. Poor House

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78888

Nama in Full — Certificate of Daath

Lawrence Thomas Matthews

Died at Town: Orfou — County: Balto Co — Matthews — MARYLAND

Date 189? Month: March Day: 31st | Age Y. 13 M. 6 D. 18 | Native of: Maryland | Occupation: Allenday School

Male — ~~Female~~ | White — ~~Colored~~ | ~~Married~~ — Single | ~~Widow~~ — Widower | ~~Divorced~~ — Number of ~~children~~ living

~~Husband~~ ~~Wife~~ of

Father's Name: Edward H Matthews

Mother's Name: Julia R Matthews 93

Cause of Death — Primary: Peritonitis (and Enteritis) — How long sick: 5-

Immediate: Peritonitis (illegible) — Accident, Suicide, Homicide

Reported by: Dr B. R. Benson

Address: Cockeysville Balto Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full — Certificate of Death

Noelia E. Mathews,

Died at Town: Hereford, County: Baltimore, MARYLAND

Date 189 — Month: 3, Day: 2 | Age: Y. 33, M. 7, D. 27 | Native of: Md | Occupation: Housewife

Male / Female | White / Colored | Married / Single / Widow / Widower / Divorced | Number of children living: 4

Husband / Wife of: Scott P. Mathews 56

Father's Name: Charles A. Canoles | Mother's Name: Susannah A. Canoles

Cause of Death — Primary: Angina Pectoris & Pleurisy | How long sick: 12 days

Immediate: Heart Syncope | Accident, Suicide, Homicide

Reported by: A.R. Mitchell M.D.

Address: Hereford Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79708

Name in Full

Manuel - May

Certificate of Death

Died at Town: Bentley County: Baltimore MARYLAND

Date 189 Month: 3 - Day: 2 | Age Y. 5 M. 9 D. | Native of: Md | Occupation: Emplt

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number~~ of children living

Husband / Wife of

Father's Name: Nathan May | Mother's Name: Sarah May

OVER

Cause of Death: Primary: Meningitis acute. How long sick: 24 hrs

Immediate: Convulsions 3.9a

~~Accident~~, Su~~icide~~, H~~omicide~~

Reported by: B. R. Harris M.D.

OVER

Address: Parkton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78708

ttended by Dr. R K Norris
of Parkton md

Seen by ~~Coroner~~ W H Stoffler f D
of Parkton md

Information contained in this certificate received from

of

This Buddy was sent to Balto and
for interment

Name In Full

Certificate of Death

Leonard Miller

Town

County

Died at Upper Falls Baltimore MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 189 7.	Mch 10	Age		6 weeks	Md	

Male ~~Female~~ | White ~~Colored~~ | Married Single | Widow Widower | Divorced Number of children living

Husband of
Wife

Father's Name Norman Miller

Mother's Name Annie Miller

Cause of Death — Primary: Exposure 74 — How long sick:

Immediate: Pulmonary Congestion — Accident, Suicide, Homicide:

Reported by Fredk Schultz Undertaker

Address Upper Falls Baltimore

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70998

D-70-12-17

Attended by Dr. Edwd McAuley

of Upper Falls Balto Co

Given by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name in Full — Certificate of Death

Margret Sandrigan Moore.

Died at Town: Govucor — County: Baltimore — MARYLAND

Date 1899 — Month: 3 — Day: 21 — Age: Y. 64 M. D. — Native of: Ireland — Occupation: Housekeeper

~~Male~~ / Female — ~~White~~ / ~~Colored~~ — ~~Married~~ / ~~Single~~ / ~~Widow~~ / ~~Widower~~ / ~~Divorced~~ — Number of children living: 2

~~Husband~~ / Wife of Thomas Moore

Father's Name: Thomas Sandrigan — Mother's Name: Mary O'Meara.

Cause of Death — Primary: Hypertrofeby of the Heart — How long sick: Five days

Immediate: Heart Failure 5-5 — ~~Accident, Suicide, Homicide~~

Reported by F. G. Mitchell M. D.

Address Verona P.O. Balto. Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79706

Name in Full

Certificate of Death

Sarah E. Moore

Died at Town: St Francis Paul County: Balto Co. MARYLAND

Date 1899 Month: March Day: 11 | Age Y. 13 M. – D. 2 | Native of Penn | Occupation Schoolgirl

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | Divorced | Number of children living —

Husband of — Wife

Father's Name Thomas C. Moore. Mother's Name —

Cause of Death: Primary — Diabetes Mellitus. 2 ~~8~~ — How long sick 21 days

Immediate — Diabetic Coma

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Frank C Eldred M.D.

Address St Francis Paul. Balto. Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or miniater.

LIBRARY BUREAU, 79706

Name in Full

Certificate of Death

Adrian Merrill Morfoot

Town

County

Died at Norrn Balto - Co MARYLAND

Date 1899	Month Day	Age Y. M. D.	Native of	Occupation
	March - 11	9 -	Americ	Export

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name John R Morfoot

Mother's Name Mary R Morfoot

Cause of Death — Primary: Umbilical Hemorrhage — How long sick 10 hrs

Immediate — 140 — ~~Accident, Suicide, Homicide~~

Reported by Dr. B. R. Benson

Address Catonsville Balto. Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79706

Name In Full John Morrison

Certificate of Death

Town County

Died at Baltimore MARYLAND

Date 189 Month 3 Day 23 | Age Y. M. D. | Native of | Occupation

Male / ~~Female~~ | White / Colored | Married / Single | Widow / Widower | Divorced | Number of children living

Husband of
Wife

Father's Name

Mother's Name

161

Cause of Death — Primary: Natural causes — How long sick

Death — immediate — Accident, Suicide, Homicide

Reported by Sullivan Bros & Thom, U.P.

Address [redacted] Laurel Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78888

Name in Full

Certificate of Death

Drury Musser

Died at Middle River (Town) Baltimore (County) MARYLAND

Date 189 9 — Month Mch Day 14 — Age Y. — M. 6 D. — Native of Md — Occupation —

Male ~~Female~~ — White ~~Colored~~ — ~~Married~~ Single — ~~Widow~~ ~~Widower~~ — ~~Divorced~~ Number of ~~children~~ living

Husband / Wife of —

Father's Name Johnthan Musser — Mother's Name Alice Musser

Cause of Death — Primary Pneumonia — 72 — How long sick 3 days

Immediate — Accident, Suicide, Homicide

Reported by C. Thad Hammon M D

Address Middle River Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Certificate of Death

Laura Myers

Died at Town: Bradshaw County: Baltimore MARYLAND

Date 1899. Month: March Day: 11 | Age Y. 30 M. D. | Native of Baltimore Co | Occupation Laborer

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | Widow Widower | ~~Divorced~~ Number of children living

Husband of —
Wife

Father's Name —

Mother's Name Anna Myers

Cause of Death — Primary: Phthisis Pulmonary 2 2a — How long sick: 1 month

Immediate: Dropsy — ~~Accident, Suicide, Homicide~~

Reported by Fredk Schmitz Undertaker

Address Upper Falls Baltimore Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79818

Attended by Dr. Howe Alvarado

of _____

ed by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name in Full

Certificate of Death

Wm. Henry Harrison Nauss

Died at Town: Sparrows Point County: Baltimore MARYLAND

Date 189 4 Month: Mar. Day: 28th Age: Y. 7 M. 1 D. 6 Native of: Penna. Occupation: Schoolboy

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widower~~ ~~Widow~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name: Harry E Nauss Mother's Name: Annie M Nauss

Cause of Death — Primary: Drowning 148 ~~How long sick~~

Immediate: Accident, ~~Suicide, Homicide~~

Reported by: G. E. McCormick M.D

Address: Sparrows Point Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70706

Name In Full

Certificate of Death

Town

County

Died at Fort Howard Baltimore MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 189 9	3-16	Age 70	5		Germany	

~~Male~~ / Femele — ~~Colored~~ White — ~~Single~~ Married — Widow — Widower — Divorced — Number of children living

Husband of
Wife

Father's Neme

Mother's Name

141

Cause of Death — Primery: Old age

Cause of Death — immediate: Exhaustion

How long sick

Accident, Suicide, Homicide

Reported by Dr. J. B. Hall

Address Fort Howard

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79886

Name In Full Mrs. Dora A Pierce — Certificate of Death

Died at Town Pricevills — County Balto. — MARYLAND

Date 189 9 — Month 3 — Day 12 — Age Y. M. D. — Native of — Occupation

~~Male~~ — ~~White~~ — Married — ~~Widow~~ — ~~Divorced~~

Female — ~~Colored~~ — ~~Single~~ — ~~Widower~~ — Number of children living 2

~~Husband~~ Wife of Benj. Pierce

Father's Name — Shepherd — Mother's Name

Cause of Death — Primary — Heart disease 5-5 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Mrs. 3-18

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70P9R

Name In Full George WESTHood Presgroves

Certificate of Death

Died at Town Catonsville County Baltimore MARYLAND

Date 189 Month Mar. Day 15 | Age Y. 58 M. D. | Native of Virginia | Occupation Dairyman

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 1

Husband of Wife [illegible] Presgraves

Father's Name Wm Presgraves | Mother's Name Mary P[illegible]

Cause of Death — Primary: Dropsy | How long sick 2 [illegible]

Immediate: Congestion of Lungs | Accident, Suicide, Homicide

Reported by H R Gerry M.D.

Address Catonsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78008

Name In Full Elizabeth A. Price

Certificate of Death

Died at Town Fred. Road near Catonsville County Baltimore MARYLAND

Date 189 Month 5 Day 21 Age Y. 72 M. D. Native of Md. Occupation

~~Male~~ Female White ~~Colored~~ Married Single Widow ~~Widower~~ Divorced

Number of children living

Husband of
Wife

Father's Neme

Mother's Name

Cause of Death: Primary Pneumonia 72 — How long sick 6 days

Immediate — Accident, Suicide, Homicide

Reported by S. Porter

Address Catonsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70888

Name In Full Wm. Rafferty

Certificate of Death

Died at Town Ecksonville County Baltimore MARYLAND

Date 189 9 Month 3 Day 5 | Age Y. 67 M. D. | Native of Ireland | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 7

Husband of
Wife

Father's Name

Mother's Name 80

Cause of Death: Primary Kidney affection

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Imm Dec. 3-11

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70805

Name in Full

Certificate of Death

Essie Dora Reed

Town: Towson

County: Balto

Died at Towson, Balto — MARYLAND

Date 189 9 — Month 3 — Day 10 — Age Y. 6 M. D. — Native of Va — Occupation Schoolchild

~~Male~~ Female — ~~White~~ Colored — Married — Single — Widow — Widower — Divorced — Number of children living

Husband of Wife

Father's Name Obscure

Mother's Name Addie Bond

Cause of Death — Primary: Burned, clothing catching fire — How long sick: 9 hours

Immediate: Shock — Accident, ~~Suicide, Homicide~~

Reported by Dr R. C. Mascenburg

Address Towson Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79708

Name In Full J. Louis Reuder

Certificate of Death

Died at Town Catonsville County Baltimore MARYLAND

Date 189 0 | Month 3 | Day 21 | Age Y 13 M. D. | Native of | Occupation Cattle - dealer

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / Single | ~~Widow~~ / ~~Widower~~ | Divorced / ~~Number of children living~~

Husband of

Wife

Father's Name Chas. G. Reuder | Mother's Name 258

Cause of Death — Primary: Cancer of the lungs | How long sick

Immediate | Accidant, Suicide, Homicide

Reported by Angus Catonsville

Address 3-25

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]B

Name in Full Jessie M. Reilly — Certificate of Death

Died at Town Glyndon — County Baltimore — MARYLAND

Date 189 9 — Month 3 - Day 22 — Age Y. 27 M. D. — Native of — Occupation

~~Male~~ Female — White — ~~Colored~~ — Married — ~~Single~~ — ~~Widow~~ Widower — Divorced — Number of children living

~~Husband~~ Wife of James V. Reilly

Father's Name Frank C. Metz — Mother's Name Caddie Metz

Cause of Death — Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Dem. Fraser

Address [redacted] 3-25-

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70758

Name in Full — Certificate of Death

Thomas Francis Rogan

Died at Town: Sparrows Point — County: Baltimore — MARYLAND

Date 1899 Month: Mar. Day: 7th | Age Y.: 16 M.: 9 D.: | Native of: Maryland | Occupation: River Heater

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single ~~Widowed~~ | ~~Divorced~~ | Number of children living None

Husband / Wife of Nobody

Father's Name: Thomas Rogan (deceased) | Mother's Name: Bridget Rogan

Cause of Death — Primary: Acute Meningitis 390 — How long sick: 2 days

Immediate: Possibly Hemorrhage

~~Accident, Suicide, Homicide~~

Reported by G. E. McCormick M.D.

Address Sparrows Point Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 78705

Name in Full

Certificate of Death

Hosea Rosier

Died at Town: Maryland Line County: Baltimore MARYLAND

Date 1899 Month: 3 Day: 12 | Age Y.: 71 M.: 11 D.: 24 | Native of: Maryland | Occupation: Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~

Number of children living 2

Husband ~~Wife~~ of Hannah Rosier

Father's Name: Not Known

Mother's Name: Not Known

Cause of Death: Primary: old age

Immediate: La Grippe

How long sick: 2 weeks

~~Accident, Suicide, Homicide~~

Reported by Daniel V Moyer MD

Address Maryland Line Balto Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70706

Name In Full Mrs. Margaret Roche

Certificate of Death

Died at Town — Patapsco Neck County Baltimore MARYLAND

Date 189 9 Month 3 — Day 16 | Age Y. 42 M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living 9

~~Husband~~ Wife of George Roche

Father's Name | Mother's Name

Cause of Death: Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Emma Emma 3-25

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70008

Rev. W. H. Barnes,

Name In Full — Certificate of Death

Frederick Stillman

Died at Bay View Asylum Town — Baltimore County — MARYLAND

Date 189 9 Month 3 Day 3 — Age 1 Y. 13 M. D. — Native of Balto, — Occupation None

Male / ~~Female~~ — White / Colored — ~~Married~~ / Single — ~~Widow~~ / Widower — ~~Divorced~~ / ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name

Cause of Death — Primary: Pleurisy 16 1 — How long sick

Immediate: Empyema — Accident, Suicide, Homicide

Reported by Jno Cohen M.D.

Address B.V. Asylum

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70888

Name In Full • Mary A Simmons

Certificate of Death

Died at Town: Owings Mills County: Baltimore MARYLAND

Date 189 9 Month: Mar Day: 11 | Age Y. 71 M. D. | Native of Carroll Co | Occupation Housekeeper

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ Widow ~~Widower~~ ~~Divorced~~ | Number of children living three

~~Husband~~ Wife of Isaac Simmons

Father's Neme Larkin Shipley | Mother's Name Margret Fraune

Ceuse of Death | Primary | How long sick

Immediate Dropsy. 155a | Accident, Suicide, Homicide

Reported by J Rowe Padie

Address Glyndon Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79618

Attended by Dr._____

_____

Information contained in this certificate received from_____

of_____

Name In Full — Thos. Smith — Certificate of Death

Died at Town: Dills — County: Baltimore — MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
3	7					

Date 189 9 — Age

Male / ~~Female~~ — White / ~~Colored~~ — Married / ~~Single~~ — Widow / Widower — Divorced / Number of children living

Husband / Wife of

Father's Name

Mother's Name

Cause of Death — Primary: 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Edward Coy Prugh

Address 3-11

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808

Name in Full Jane Smith — Certificate of Death

Died at Town Ocean, County Baltimore, MARYLAND

Date 189 9 — Month March, Day 6 — Age Y. 75, M. , D. — Native of Maryland — Occupation Housework

~~Male~~ Female — ~~White~~ Colored — ~~Married~~ Single — Widow — ~~Divorced~~ — Number of children living 2

~~Husband~~ ~~Wife~~ of Lyman Smith

Father's Name Patrick Quinnan — Mother's Name Mary Robinson

Cause of Death — Primary La Grippe 9 — How long sick 3 weeks

Immediate Asthenia — ~~Accident, Suicide, Homicide~~

Reported by Jno. M. Boggs M.D.

Address Ellicott City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Joe. Jos. Smith

Certificate of Death

Died at (Town) Baring (County) Balt - MARYLAND

Date 189 9 | Month 3 | Day 5 | Age Y. 15 M. D. | Native of Md | Occupation Laborer

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced | Number of children living

Husband / Wife of

Father's Name Jos Smith

Mother's Name Matilda

Cause of Death — Primary: 1

Immediate: Typhoid Fever

How long sick: 15 days

Accident, Suicide, Homicide

Reported by Jos. A. Wilson M. D

Address Pikesbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 78706

Name In Full

Certificate of Death

E. P. Steffey

Died at Balto (Town) Balto (County) MARYLAND

Date 1899 Month Mar Day 30 | Age Y. 66 M. Jrs D. | Native of Md | Occupation Coal Merchant

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 3

Husband ~~Wife~~ of Elizabeth Cooly

Father's Name Wm Steffey | Mother's Name do not Know

Cause of Death — Primary: Stomach Trouble — How long sick 1 Year

Immediate: Tuberculosis of Bowels

~~Accident, Suicide, Homicide~~

Reported by Sa Defreh Balto Md

Address Balto J F Kups Undertaker Balto Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70128

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

formation contained in this certificate re-

ved from .....

of .....

Name in Full — Certificate of Death

Nicholas Stinacher

Town — County

Died at Cumberland Road Baltimore — MARYLAND

Date 189 — Month: 3-8 — Age: Y. M. D. 8-10-26 — Native of — Occupation

Male / ~~Female~~ — White / Colored — ~~Married~~ / Single — Widow / Widower — ~~Divorced~~ / Number of ~~children~~ living

Husband of Wife

Father's Name

Mother's Name 39 W

Cause of Death — Primary: Pneumonia — How long sick: 3 days

Immediate — Accident, Suicide, Homicide

Reported by L. C. Hael

Address Cor. Stinacher

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full — 18 — Certificate of Death

Debbie Stevenson

Died at Town Towson County Balto MARYLAND

Date 1899 Month March Day 23 | Age Y. 4 M. years D. | Native of Md | Occupation —

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | Widow | Widower | Divorced | Number of children living —

Husband of
Wife —

Father's Name Don't know | Mother's Name Eva Stevenson

Cause of Death: Primary 226 | How long sick one week

Immediate Intracranial Meningitis | Accident, Suicide, Homicide

Reported by H S Jarrett undertaker Bj. Hiss

Address Towson, Md.

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 41060

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name In Full — Certificate of Death

Mrs. James E. Stevens

Died at — Town: Mt. Hope Retreat — County: Baltimore — MARYLAND

Date 189 — Month: 3 — Day: 24 — Age: Y. 40 M. D. — Native of — Occupation

~~Male~~ / Female — White / ~~Colored~~ — Married / ~~Single~~ — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~

Number of children living

Husband of
Wife

Father's Name

Mother's Name 42

Cause of Death — Primary: Paralysis — Meningitis

How long sick

Immediate: Gr.

Accident, Suicide, Homicide

Reported by Dr. Frank D. Flannery

Address Mt. Hope Retreat

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

John W Thompson

Certificate of Death

Died at Town: Worthington valley County: Balto MARYLAND

Date 189 9 Month: Jan Day: 2 | Age: 38 M. D. | Native of: Maryland | Occupation: Day Labor

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | Divorced | Number of children living: Sup

Husband of Wife: Julia Thompson

Father's Name: Enos Thompson | Mother's Name: Martha Diggs

Cause of Death — Primary: Inflammation Peritonitis 93 | How long sick: 8 days

Immediate: Taken down the bowels | Accident, Suicide, Homicide

Reported by: James Gorsuch M D

Address: Reisterstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79878

Attended by Dr._____

of_____

Information contained in this certificate received from_____

of_____

Name in Full — Certificate of Death

Ephriham Jackson Triplett

Died at Town: Solders Delight — County: Balto — MARYLAND

Date 1899 Month: 3 Day: 14 | Age Y.: 76 M.: 8 D.: 7 | Native of: Md | Occupation: Farmer & miner

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living: 8

Husband of Wife: Elizabeth H. Triplett

Father's Name | Mother's Name

Cause of Death — Primary: Senile decay

Immediate: resulting from Debility, etc.

How long sick: 5 years

~~Accident, Suicide, Homicide~~

141

Reported by

Address: Reisterstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Mrs. Nora C. Stiller

Certificate of Death

Died at Town Catonsville County Balto. MARYLAND

Date 189 4 Month 3 Day 13 | Age Y. 49 M. D. | Native of | Occupation

~~Male~~ Female | White | ~~Colored~~ | Married | ~~Single~~ | Widow | Widower | ~~Divorced~~

Number of children living 0

Husband of Wife

Father's Name Henry Stree

Mother's Name S S

Cause of Death: Primary — Heart trouble — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Irgens 3-18

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79805

Name in Full

Rosa Wheedon

Certificate of Death

Died at Town Alms House County Balto. Co MARYLAND

Date 189 Month 3 Day 28 | Age Y. 76 M. D. | Native of | Occupation

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced / Number of children living

Husband of

Wife

Father's Name ?

Mother's Name

Cause of Death { Primary / Immediate } Pneumonia

How long sick

Accident, Suicide, Homicide

Reported by J. C. Bussey

Address Texas Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Rebecca Whitson

Certificate of Death

Died at Town Lewisville County Wills. MARYLAND

Date 189 Month March Day 23 | Age Y. 60 M. D. | Native of Md | Occupation None

~~Male~~ Female | White Colored | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living 3

Husband of ×

Wife

Father's Name ×

Mother's Name 46 ×

Cause of Death: Primary Senile Dementia. How long sick 3 days.

Immediate Cerebral Hemorrhage

~~Accident Suicide Homicide~~

Reported by Phys Mtdy

Address Md Hospl Lewisville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Samuel Williams

Certificate of Death

Town: Baltimore County: MARYLAND

Died at

Date 1899 Month 3 Day 11 | Age Y. 49 M. D. | Native of Md | Occupation Laborer

Male [redacted] Married Widow [redacted]

[redacted] Colored [redacted] Widower Number of children living 2

Husband of [redacted]

Father's Name: Jane Williams

Mother's Name:

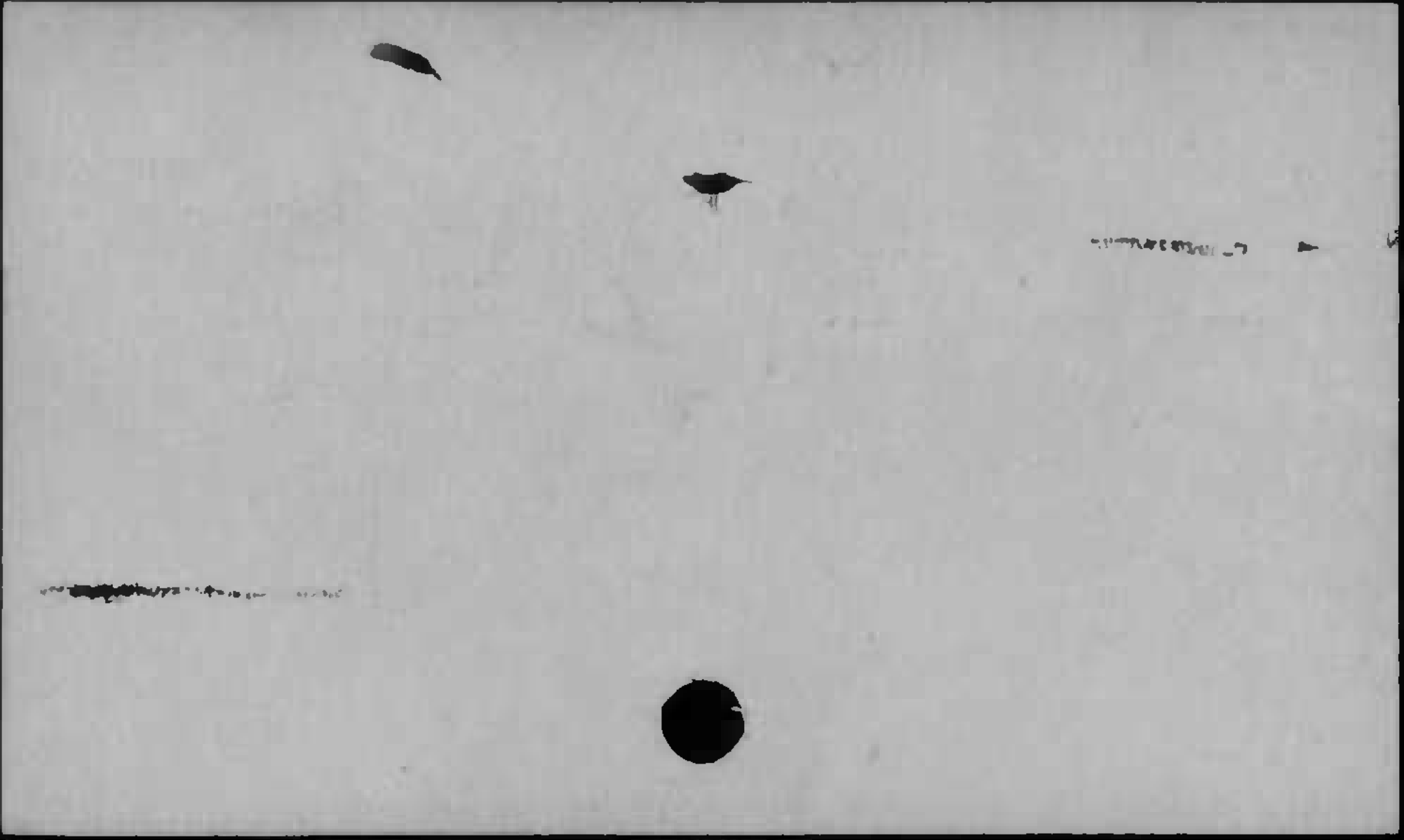
Cause of Death: Primary Hemiplegia 42 days

Immediate Exhaustion

How long sick 11 days

Reported by S. Warner M.D.

Address [redacted] 112 Dryhlund

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968